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Bathing Mark

Cheryl Hersperger

Sitting in his forest green corduroy recliner Mark, a large middle-aged man was not ready to die. He presented very confused and unsteady as he neared his fatal internal explosion. His signs and symptoms of dying were clear to the eyes of a professional. However, the bomb inside him was quiet during the assessment. Advanced stage cancer, with liver failure and anasarca gave him the appearance of a sallow Michelin man. He was rather tall, with thick silver wire rim glasses, yellow sclera and brown irises. His speech was garbled and he mumbled while attempting to communicate with me. He seemed to be saying that he knew he was very sick. I explained why I was there in his room at his parent's home. I discussed the concept of hospice care with him which was not easy as he was not totally comprehending the content of the conversation. I walked to the kitchen in the next room and spoke with his parents. I noticed Mark attempting to stand from his forest green easy chair. He was severely unsteady, looming with his bloated body a burden. I quickly moved to steady him while calling for his Mother to help steady him back into his chair. His parents and the patient did not really want to hear about the hospice option, but all the signs pointed to death sooner rather than later.

As a Nurse in a home care bridge program I helped patients and families transition to new goals related to dying well, instead of curing their disease. The work could be difficult at times, especially on a day like today planning hospice services for a younger middle-aged man and only child of two parents who immigrated to the USA some decades ago after WWII.

His Mother, Agnes, tiny and old, shuffled as fast as possible into the bedroom. She had her own illnesses over the years that had impacted the family. She was the caregiver to Mark once again, but not in the joyful way a mother cares for a child in their youth. Speaking commands in her native tongue with him, he stopped trying to ambulate. Carefully we could sit him back into the easy chair. She looked at me imploringly. Her tearful pleading blue eyes, bored a hole in my heart saying to me, "Was there another solution, a better outcome for my one and only child?" She was beginning to see and understand the gravity of his disease state at this moment.

George, his Father was in the kitchen sitting on the solid oak chair at the kitchen table which was located next to Mark's bedroom. Silent and keenly observant he saw his only child, failing in health in front of him. The dreams he hoped for Mark were vanishing within him. The deep

yellow and grey skin tones replacing his once healthy olive complexion. Mark was completely dysmorphic from the lean young man he had once been with an ambition for serious orchestral work. From this day on Mark would never play his violin again, or work, marry, or have children of his own. The time for these endeavors closing as the minutes ticked by on a very cold January morning.

I called the primary care provider to update him on the hesitation of both the patient and parents to choose hospice. I updated him on the current condition of the patient. He was apoplectic that the family did not fully accept the reality of Mark's serious situation. He agreed that the change in mental status meant that Mark could barely consent himself to this plan and the parents must be on board. He did not want Mark sent to the emergency room for an evaluation. Mark did have a "do not resuscitate" order which we clarified with a "do not ventilate" order. The physician proclaimed to me that the family must understand that an emergency room visit will not change the inevitable. He insisted that it was best to provide comfort, and that hospice services equaled the best plan possible under the circumstances. I promised him I would do my best to convey his words to them. No, he did not wish to speak to the patient or the parents himself.

Shortly after this call, Agnes and George and to the best level possible Mark, consented to a plan to stay home, elect hospice and comfort care. Everyone seemed defeated, joyless and lackluster. This moment certified the admission of defeat against the enemy cancer. The tone changed to resignation and planning for proper equipment and hospice care. The notice for DNR/DNI placed in plain sight. I said my farewell with an assurance that the hospice Nurse would visit next. I felt horrible inside about the once vibrant life in Mark that would be gone too soon. He was their only child. In leaving them his immigrant parents were essentially orphans on the US shores. There were no family or extended family in the States. They could not return to their country of origin.

The call from the police department came in about four hours after I had left the house. The police department stated that the coroner did not want an autopsy as the death was expected. Would I please go back to the house to pronounce the patient dead? To say I was shocked at the nuclear level rapid decline of Mark was an understatement. When I arrived back to their upstairs flat I was no longer surprised. Mark had exsanguinated internally. He bled out all over the floor of his bedroom from several orifices. The sudden arterial obliteration had caused him to fall hard. He presented as a bulky lump on the floor, with a bruised face, surrounded by a substantial pool of dark sticky blood. I listened for his vital signs. Hearing none I pronounced him dead.

Agnes was crying softly next to her son. George was pacing and muttering under his breath in the kitchen. I asked George for a dark towel and a large bucket. I filled the bucket with warm water. I went to Mark and calmed Agnes. She wanted to help bathe and prepare Mark with me. The clergy man was on his way. We cleaned Mark and the floor around him. We placed him in a peaceful position to receive a blessing before he was taken from his room. George sat silently in the kitchen watching everything. The clergy man arrived and blessed the body of Mark. He comforted Agnes and George. A little later the hearse arrived to take Mark out of the house. I stayed with the elder parents until I knew they were calm enough to leave alone.

A few weeks later I resigned from my job for practical reasons. Additionally, I knew I would cross a line with this family due to the events of this day. I followed up with them as I knew they had refused bereavement services. I introduced them to my young son. I adopted George and Agnes into my own family. Agnes embraced my youngest son as a grandson and treated him like a little king, until her own death four years later. George at nearly 100 years old is a grandfather to my youngest son now grown. George knows though he lost his family of origin both here and in his native land, he is not alone.